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**Reproductive and Sexual Health**

## **NMCPHC Approach to the Promotion of Sexual Health Among Sailors, Marines and Families**

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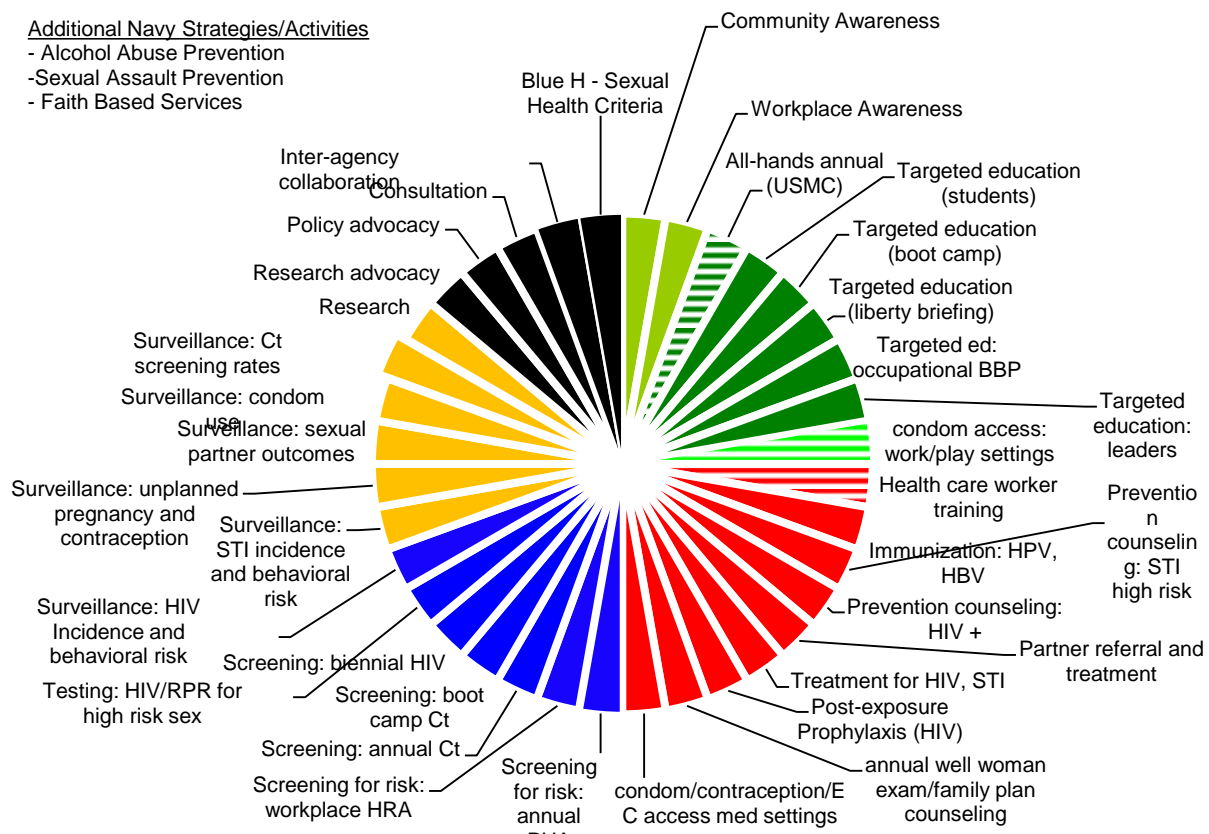
**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**

PREVENTION AND PROTECTION START HERE

## Background

The Department of the Navy (DoN) recognizes the ethical, economic, and force readiness imperatives of protecting and preserving the health of sailors, marines and family members, including their sexual health. This document describes strategies for the prevention of sexually transmitted infections, including HIV, and the prevention of unplanned pregnancies. The Navy and Marine Corps sexual assault prevention programs and faith-based services, though relevant to sexual health, are outside the scope of this document.

### Graphic Summary of DoN and NMCPHC-SHARP Strategies, Practices and Programs:



## **DoD and DoN Policies**

DoDI 1010.10, Health Promotion directs the military services to strive for achievement of national objectives (Healthy People 2010) for prevention of STIs, HIV and family planning.

DoDI 6485.1, HIV and SECNAVINST 5300.30, HIV, require aggressive disease surveillance, health promotion and education programs for Naval personnel to mitigate the impact of HIV infection in DoN, and also require Commanders to provide HIV prevention training in workplace-level Health Promotion Programs. These directives also outline procedures for HIV screening, prevention counseling and partner referral services for members infected with HIV.

OPNAV 6100.2, Health and Wellness Promotion Program states “It is Navy policy to provide education which increases responsible sexual behavior...” in workplace and community-level health promotion programs. Sexual Health is a “required element” of the Navy Health and Wellness Promotion Program.

BUMEDINST 6222.10, STD Prevention and Management requires medical departments to conduct community awareness and education campaigns, condom access campaigns, evidence-based prevention counseling for people with demonstrated high risk, and sexual partner referral services.

BUMEDINST 6110.13, Navy Medical Department Health Promotion and Wellness Program, encourages medical care providers to address unhealthy lifestyles at all patient encounters, and to execute and support community-level health promotion programs, to include sexual health and responsibility. Establishes Navy Surgeon General’s Health Promotion and Wellness Award (Blue H), which includes sexual health promotion criteria.

MCO P1700.29, SEMPER FIT requires annual sexual health education for all Marines.

SECNAVINST 6120.3, Periodic Health Assessments and Individual Medical Readiness requires annual counseling of all active and reserve component members about family planning, emergency contraception, birth control options, HIV infection, and prevention information. It also cites female health screening requirements of the USPSTF (i.e. annual, age-based chlamydia screening of females).

NAVMED P-117, Manual of the Medical Department (MANMED) Chapter 15-1, Women’s Annual Health Maintenance Exam defines the content of the annual examination for active duty women. The exam will include counseling on family

planning, contraceptives (including emergency contraception), prevention of HIV and other STIs.

BUMED Letter 30 Nov 2007, Dear Health Care Provider (from the Deputy Navy Surgeon General) to all Navy health care providers - advocates sexual risk assessment of all adult and adolescent patients.

BUMED Letter, 27 Feb 2007, Prescribing, Dispensing and Distribution of Plan B (Levonogestrel) requires Navy medical treatment facilities to accommodate over the counter access to Plan B (emergency contraception).

BUMED Letter, 17 May 2007, Recommendations for the Use of HPV Vaccine in Navy and Marine Corps Beneficiaries requires Navy medical treatment facilities to afford access to HPV vaccine for all appropriate beneficiaries.

BUMED Letter, 16 Feb 2010, Reporting HIV Risk and Exposure Data, requires Navy Medical Centers to interview each sailor and marine newly diagnosed with HIV, document their HIV risk behavior data and report these data (non-PII) to NMCPHC-SHARP. NMCPHC publishes a periodic analysis of these data.

BUMED Message, 4 Dec 2012, Screen Women for Family Planning / Contraception Needs Prior to Sea Duty asks ships to ask all newly assigned women about her needs to ensure she is satisfied prior to deployment.

ASD/HA Letter, 14 Aug 2013, Coverage of OTC Plan B One Step at Military Medical Treatment facilities requires and military pharmacies to dispense Plan B One-Step with prescription or age limitations.

## **NMCPHC Sexual Health and Responsibility Program (SHARP)**

Purpose: Promote and protect the sexual health of the Department of the Navy (DoN) population to support mission readiness and accomplishment, minimize avoidable health care costs and personnel losses, prevent morbidity and mortality, and support quality of life.

Definition: Sexual health is a state of well-being in relation to sexuality across the life span that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality, relationships, and reproduction, that is free of coercion, fear, discrimination, stigma, shame, and violence. It includes: the ability to understand the benefits, risks, and responsibilities of sexual behavior; the prevention and care of disease and other adverse outcomes; and the possibility of fulfilling sexual relationships. Sexual health is impacted by socioeconomic and cultural contexts—including policies, practices, and services—that support healthy outcomes for individuals, families, and their communities (Centers for Disease Control and Prevention/Health Resources and Services Administration Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment).

SHARP Vision: A DoN cultural norm in which physical and social sexual health are encouraged, supported and expected, and a DoN population in which all pregnancies are planned, and sexual violence, coercion and sexually transmitted infections, including HIV, are prevented.

SHARP Motto: "Chart a Safe Course" affirms that each individual has the right and responsibility to make choices about their sexual health and behavior; and that sexual health decision-making is a lifelong and dynamic process because a person's circumstances and relationships may change over time.

SHARP Mission: Provide DoN members and families with health information, education, and behavior change programs for the prevention of sexually transmitted infections, including HIV, and unplanned pregnancies and collaborate with other Navy and Marine Corps stakeholders to advance sexual health policies and activities, and support healthy sexual behavior and relationships.

SHARP Goal: Reduce the occurrence of STIs including HIV and unplanned pregnancies among DoN members and families to levels specified in selected Healthy People Objectives.



## Surveillance Sources

The DoN conducts surveillance for the incidence of unintended pregnancies (UIP) and sexually transmitted infections (STI), including Human Immunodeficiency Virus (HIV), and monitors personnel metrics regarding personnel losses due to pregnancy and single parenthood. Principal sources of these data are described below:

Defense Disease Reporting System-internet (DRSi), managed by the NMCPHC Epi Data Center, is the principal mechanism for the passive collection of reportable STIs, including syphilis, gonorrhea, chlamydia, and Hepatitis B. This system collects case data, risk behavior data and partner management/outcome data.

STI incidence and screening data are periodically evaluated in ad hoc studies of laboratory databases, outpatient and inpatient databases. Additionally, periodic studies are conducted by various DoD and DoN organizations and independent researchers to determine the extent of chlamydia screening, HIV screening, STI prevalence in recruits, sexual health care seeking behavior and the nexus of alcohol and sexual risk behavior.

HIV data are collected by Navy HIV Central (National Naval Medical Center, Bethesda, MD). These data describe seroconversion frequency and rates by gender, age, race, enlisted/officer, Navy/Marines and geographic location when tested. Behavioral-risk data collected by counselors for individual HIV case reports are consolidated at NMCPHC and periodically published.

UIP incidence, sexual risk behaviors, sexual health attitudes and contraception use and knowledge among active duty sailors are collected in a biennial survey conducted since 1988 by the Navy Personnel Command (Navy Parenting and Pregnancy Survey).

Sexual risk behaviors and STI experiences, such as number of lifetime sexual partners, condom use, lifetime STIs, and experience regarding UIP, are collected in the triennial DoD Survey of Health Related Behaviors Among Military Personnel.

The NMCPHC-managed Workplace Health Risk Assessment is a web-based self-assessment tool which is used on a voluntary basis by many Navy and Marine Corps units as an annual measure of risk behavior in their workforce. The HRA contains two sexual health questions, one on abstinence/monogamy/condom use and another on family planning.

Chlamydia screening during the past 12 months for enrolled, sexually active, Active Duty women, age 16-24 is tracked and reported for each DoD Medical Treatment Facility on CarePoint.

## **DoN Sexual Health Promotion Strategies and SHARP Support**

### Population-level Awareness/Education.

Sailors (at the Recruit Training Center Great Lakes) and marines (at Marine Corps Recruit Depot Parris Island) receive sexual health education in boot camp. Females typically receive a detailed briefing of multiple hours, may view the NMCPHC 27-minute film “Reproductive Health – Types of Contraception” (2012), and receive individual contraception counseling and access plus HIV and chlamydia screening. Males are screened for HIV and receive minimal sexual health education. The content and duration of these educational encounters for males are not defined in policy and may vary.

Upon completion of boot camp and arrival at their first technical training school, all sailors must complete LIFESKILLS, a 4-day, facilitated educational event that includes 2.5 hours of evidence-based family planning.

From 1999 to 2010, and beginning again in 2015, all sailors were required to complete a course about the prevention of STIs, HIV or unplanned pregnancy as part of their General Military Training (GMT). This training was completed via the web (Navy Knowledge Online) or in a classroom setting, as determined by their organizational leadership. SHARP provided subject matter expertise to the Navy Center for Personal and Professional Development (CPPD) for the development of these GMT materials, which included web-based modules and classroom materials (films, PowerPoint slides and instructor guides).

Annually, all marines are required to complete SEMPER FIT training, a range of subjects which includes sexual health. This training may be completed via the web or in a classroom setting, as determined by their organizational leadership. Classroom training may be led by local SEMPER FIT Center staff or by unit-level Navy corpsmen. SHARP provides subject matter expertise to the Marine Corps SEMPER FIT program manager for the development of these materials, which include web-based modules and classroom materials (films, PowerPoint slides and instructor guides).

Prior to deployment, sailors and marines and leaders are provided a medical intelligence briefing regarding health threats in the deployment location. Additionally, before debarking ship in foreign posts, sailors and marines are provided a “liberty brief” regarding local health threats. These briefings typically include information about STI prevention, although their content and duration are not defined in policy.

Navy organizations are required to include sexual health in their on-going workplace health promotion programs. The specific format and content of these efforts are not

defined in policy. The Navy Surgeon General's Blue H - Health Promotion and Wellness Award recognizes and guides these workplace-centric activities.

Navy medical treatment facilities are encouraged to address unhealthy lifestyles at all patient encounters, and to execute and support community-level health promotion programs, to include sexual health and responsibility.

Marine Corps Community Services, SEMPER FIT Centers execute and support community-level health promotion programs, to include sexual health and responsibility.

To support medical intelligence briefings, liberty briefings and workplace health promotion efforts, SHARP develops awareness-level and education-level materials (posters, fact sheets, films, briefings, CDs). SHARP markets these materials through its SHARP Toolbox CD, its SHARP-website, through the NMCPHC-managed annual Health Promotion and Wellness Award, and through the NMCPHC-managed, web-based "Health Promotion Toolbox" annual calendar, in which April is sexual health month. These products are utilized by health promotion and disease prevention professionals across DoD and the Coast Guard.

SHARP fields a website for easy access of DoD members and families to individual-level sexual health information.

Routine Immunization. All non-immune sailors and marines are vaccinated for Hepatitis B in boot camp. Human Papillomavirus (HPV) vaccine is accessible to beneficiaries at Navy medical treatment facilities.

Sexual Risk Assessment. BUMED recommends, and SHARP advocates and supports routine risk assessment by Navy health care professionals for all adult and adolescent patients. SHARP provides risk assessment training for clinicians prior to their assignment to surface ships through the Surface Warfare Medical Institute and occasionally for clinicians in other settings. The Navy Surgeon General's Blue H – Health Promotion and Wellness Award recognizes medical treatment facilities in which clinicians working in primary care settings routinely assess sexual risk behavior for all adult and adolescent patients.

Periodic Screening. Female sailor and marine recruits are screened for chlamydia in boot camp. Active duty female sailors and marines receive an annual female health exam which includes contraception counseling, including emergency contraception, chlamydia screening for sexually active women under age 26, and appropriate pap testing. All male and female sailors and marines are periodically screened for HIV (every 2 years for active duty members). Additionally, sailors and marines receive an



annual health risk assessment which involves the use of a questionnaire which includes two sexual health questions and which provides risk reduction feedback.

“High-Risk” member and sexual partner counseling, testing, vaccination and referral.

Pregnant beneficiaries and patients diagnosed with TB or an STI are also tested for HIV. Patients infected with an STI are provided Hepatitis B and/or A vaccination (as appropriate) if not already immune.

People infected with an STI or those who have expressed or demonstrated risky sexual behavior are afforded prevention counseling and sexual partner referral services. Sexual partners of patients infected with an STI are provided STI testing and prevention counseling, or are appropriately referred to civilian public health agencies for this service. SHARP trains all Navy and Coast Guard Preventive Medicine Technicians during their 6-month qualification course at the Medical Education and Training Campus, Fort Sam Houston, Texas, in use of the CDC-recommended, evidence-based intervention “HIV-STD prevention counseling” and in the CDC-endorsed process for sexual partner referral. This training is also provided at the annual NMCPHC conference and periodically in other settings.

For HIV positive sailors and marines, the three Navy HIV Evaluation and Treatment Units (Bethesda, MD, Portsmouth, VA and San Diego, CA) where these members are seen at least semi-annually, integrate prevention into to care for their patients to reduce sexual risk behavior.

Leadership Awareness. SHARP advocates organizational norms (in the form of policies and other structural supports) which encourage, support and expect responsible sexual behavior. SHARP develops and distributes ready-to-use leadership information and occasionally conducts briefings at the Navy Senior Enlisted Academy, medical treatment facility executive committee meetings and other leadership settings. A web-based lesson about sexual health promotion for Navy leaders was launched on Navy Knowledge Online in 2010.

Educator and clinician training and support. To increase the competence and confidence of Navy health promotion professionals and part-time health promotion coordinators in military units, SHARP offers self-study training, a 4-hour classroom course “Promoting Sexual Health in Military Populations”, a 4-hour classroom course “STI 101 for Non-clinicians”, a guideline for establishing a sexual health campaign, a guideline for community-level condom access, and telephone consultation. SHARP conducts sexual health promotion lectures for new surface warfare medical officers, flight surgeons and Independent Duty Corpsmen. SHARP produces a DVD-toolbox of

resources and fields a robust website for easy access to sexual health information for health educators and clinicians, and publishes an electronic newsletter.

Policy Advocacy. SHARP actively advocates sound sexual health policies in the healthcare and personnel-management realms including awareness building/education, leadership roles, condom and contraception access, testing policies, medical treatment and patient privacy.

Research Advocacy. SHARP partners with Naval and DoD research and health-data-analysis partners to conduct special studies and to support the development of culturally competent, evidence-based interventions for the prevention of STIs and UIP, and periodically serves as preceptor for graduate students pursuing sexual health promotion research.

Surveillance. SHARP monitors, evaluates, recommends innovation of, and utilizes STI, HIV and UIP surveillance systems to develop and deliver appropriate information and training, and to monitor and report progress toward achievement of the SHARP objectives.

